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-18-9

ISSUE

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Label
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POSITION	ID NO.	DATE
CLASSIFIER		8 9-15-93
EXAMINER		
TYPIST	224	9-28-93
VERIFIER	4780	10-1-93
CORPS CORR.		
SPEC. HAND	438	9/24/93
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

INDEX OF CLAIMS

Original Claims	Claim	Date
	1 (1)	Final 8/15/93
	2	-
	3	-
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SYMBOLS

-	Rejected
=	Allowed
(Through number)	Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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